

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: 06/20/2016-09/30/2016

Grantee Name: New Beginnings

Pregnancy Care Center
0000950680

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
5	1	2	1	1		3	

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
	1		1	9	2

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
3	10	

4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
11					1	1

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
1	11	1

6. Client Type:

Mother	Father	Grandparent	Other
4	1		8

